

401/889934

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 889934 RECEIPT DATE: 07 / 25 / 01
IA NUMBER: PCT/ DE00 / 00278 IA FILING DATE: 02 / 01 / 00
FAMILY NAME: KAUP DELAY WAIVED (Y/N): Y
GIVEN NAME: ANDRE DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 02 / 01 / 99
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 1454.1068/RA COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 021171 TELEPHONE 2024341500
NAME: STAAS & HALSEY LLP FAX 2024341501
STREET: 700 11TH STREET, NW
SUITE 500
CITY: WASHINGTON
STATE/COUNTRY: DC ZIP: 20001
EMAIL:
APPLICATION TITLES:
METHOD AND ARRANGEMENT FOR TRANSFORMING A PICTURE AREA

TAB TO LAST POSITION, PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
www.uspto.gov



CONFIRMATION NO. 4716

Bib Data Sheet

SERIAL NUMBER 09/889,934	FILING DATE 07/25/2001 RULE	CLASS 348	GROUP ART UNIT 2613	ATTORNEY DOCKET NO. 1454.1068/RA
-----------------------------	-----------------------------------	--------------	------------------------	--

APPLICANTS

Andre Kaup, Hoehenkirchen, GERMANY;

Yes ✓

**** CONTINUING DATA *******

THIS APPLICATION IS A 371 OF PCT/DE00/00278 02/01/2000

No ✓

**** FOREIGN APPLICATIONS *******

GERMANY 199 03 859.7 02/01/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	GERMANY	3	1	1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

21171

TITLE

Method and apparatus for transforming a picture area

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------	---	---